

M	TAB	TAB	TAB	TAB	TAB	TAB	TAB
ORDER FOR SUPPLIES OR SERVICES/REQUEST FOR QUOTATIONS (Nonappropriated Funds)							PAGE OF 1
For use of this form, see AR 215-4; the proponent agency is ODCSPER							
(Check Appropriate Item) <input type="checkbox"/> Order for Supplies or Services- No appropriated funds of the United States shall become due or be paid the contractor by reason of this delivery/purchase order.		Request for Quotation No. _____ Return _____ copies of this quote by: _____ This is not an order. Supplies are of domestic origin unless otherwise indicated by the quoter. The fund reserves the right to consider quotations or modifications thereof received after the date indicated should such action be in the interest of the fund. This is a request for information and quotations furnished are not offers. When quoting complete blocks 9, 10, 15a, 20, 21, 22. If you are unable to quote, please advise. This request does not commit the fund to pay any cost incurred in preparation of this quotation or to procure or contract for supplies or services.					
1. CONTRACT/PUR ORDER NO.		2. DELIVERY ORDER NO.		3. DATE		4. PURCHASE REQUEST NO.	
5. ISSUED BY				6. ADMINISTERED BY (If other than 5)		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
7. NAME AND ADDRESS OF CONTRACTOR/QUOTER				8. DELIVER TO DESTINATION BY:		9. DELIVERY FOB <input type="checkbox"/> DEST <input type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
				10. DISCOUNT TERMS			
11. SHIP TO				12. PAYMENT WILL BE MADE BY		13. MAIL INVOICE TO ADDRESS SHOWN IN BLOCK	
14. TYPE OF ORDER							
<input type="checkbox"/> DELIVERY- This delivery order is subject to instructions contained on this form only and is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.							
<input type="checkbox"/> PURCHASE- Reference your quote _____ furnish the following on terms specified herein. Contract Clauses and Special Requirements, both attached; and delivery as indicated.							
<input type="checkbox"/> If Checked, Contractor shall sign "ACCEPTANCE" in block 15b. and return _____ copies.							
15a. FOR USE WHEN FORM IS USED FOR REQUEST FOR QUOTATIONS (QUOTER IS TO COMPLETE THIS BLOCK).							
PRINTED NAME OF QUOTER				SIGNATURE		DATE	
15b. FOR USE WHEN CONTRACTOR'S SIGNATURE IS REQUIRED FOR ACCEPTANCE OF ORDER							
ACCEPTANCE							
THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF PERSON AUTHORIZED TO SIGN AND TITLE				SIGNATURE		DATE	
16. ITEM NO.	17. SCHEDULE OF SUPPLIES/SERVICES			18. QUANTITY ORDERED/ * ACCEPTED	19. UNIT	20. UNIT PRICE	21. AMOUNT
*If qty accepted by the fund is same as qty ordered, indicate by <input checked="" type="checkbox"/> mark. *If different, enter actual qty accepted below and circle.					22. TOTAL		
24. PRINTED NAME AND SIGNATURE OF CONTRACTING OFFICER AND DATE					23. DIFFERENCES		
					25. AMOUNT VERIFIED CORRECT FOR PAYMENT		
26. QUANTITY IN COLUMN 18 HAS BEEN: ACCEPTED AND CONFORMS TO _____ PARTIAL ___ INSPECTED ___ RECEIVED ___ THE CONTRACT EXCEPT AS NOTED ___ FINAL SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____ DATE _____					27. CHECK NUMBER		29. TYPE OF PAYMENT ___ COMPLETE ___ PARTIAL ___ FINAL
					28. DATE OF CHECK		
30. SIGNATURE AND TITLE OF PAYMENT OFFICIAL					DATE		